

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Dockets Number

10815279

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 31            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 31 minus 20 = | 11           |
| INDEPENDENT CLAIMS  | 5 minus 3 =   | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A   | 6/20/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 6          | Minus                            | 31                                 |
| Independent   | 2          | Minus                            | 5                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| SMALL ENTITY TYPE <input type="checkbox"/> |        | OR | OTHER THAN SMALL ENTITY |        |
|--|--------|----|-------------------------|--------|
| RATE                                       | FEE    |    | RATE                    | FEE    |
| BASIC FEE                                  | 385.00 | OR | BASIC FEE               | 770.00 |
| XS 9=                                      |        | OR | XS 18=                  | 192    |
| X43=                                       |        | OR | X86=                    | 172    |
| +145=                                      |        | OR | +290=                   |        |
| TOTAL                                      |        | OR | TOTAL                   | 1140   |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| XS 9=                                      |                | OR | XS 18=                  |                |
| X43=                                       |                | OR | X86=                    |                |
| +145=                                      |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE                           |                | OR | TOTAL ADDIT. FEE        |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT B   | 10/6/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 30         | Minus                            | 31                                 |
| Independent   | 5          | Minus                            | 5                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| XS 9=                                      |                | OR | XS 18=                  |                |
| X43=                                       |                | OR | X86=                    |                |
| +145=                                      |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE                           |                | OR | TOTAL ADDIT. FEE        |                |

|   | (Column 1) | (Column 2)                       | (Column 3)                         |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT C   | 3/29/05    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | 30         | Minus                            | 31                                 |
| Independent   | 5          | Minus                            | 5                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |                                    |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| XS 9=                                      |                | OR | XS 18=                  |                |
| X43=                                       |                | OR | X86=                    |                |
| +145=                                      |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE                           |                | OR | TOTAL ADDIT. FEE        |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.